

Income Instruction Form

SIPP form reference H120

Quick actions:

You should complete this form if you want to change the level or frequency of income payable under an existing arrangement.

If you want to take benefits for the first time from all or part of your plan, you should use H106 Benefit Payment Form.

To convert a capped drawdown arrangement to flexi-access without taking any benefits please complete H198 Capped to Flexi-access Drawdown Form.

This completed form must be sent to: Client Servicing, Hornbuckle, Tyman House, Leicester LE1 6YJ.

Section A - Your contact details

First name(s)

Address

Surname

Hornbuckle plan number

Email

Postcode

Date of birth

Daytime telephone number

D D M M Y Y

Section B - About your request

Your knowledge & circumstances

We are required by our regulator, the Financial Conduct Authority, to ensure that you are fully aware of the possible risk factors associated with your decision to access your pension savings. We do this by asking that you complete the questions set out within section B of this application form.

Customers can access their SIPP through either flexi-access drawdown, capped drawdown or by an uncrystallised funds pension lump sum.

We recommend that before deciding to access pension benefits, you take advantage of the Government's free and impartial guidance service, **Pension Wise**. To find out more, call **0800 138 3944** or visit **www.pensionwise.gov.uk**.

Depending on your responses to the questions, we will write to you with some tailored risk warnings that you should consider before we process your request.

If you have received advice from an independent financial adviser and your adviser is submitting the application on your behalf you do not need to answer the questions, otherwise please answer ALL of the questions asked.

If you have any queries on why we need to ask you these questions, please don't hesitate to call us on 0844 728 9090.

Are there any aspects of your health or lifestyle that could potentially shorten your life expectancy?

Yes

No

Are you (or is there the possibility of you) being declared bankrupt or are you currently an undischarged bankrupt?

Yes

No

Section B cont'd

Do you understand that there are no guarantees for the amount of income or lump sums paid via flexi-access drawdown, capped-drawdown and/or uncrystallised funds pension lump sum?

Yes

No

Are you aware that accessing pension savings via drawdown or lump sums could impact on any means-tested benefits you receive?

Yes

No

Are you reliant on the funds in this pension pot to provide an income through your later years/retirement and, where applicable, for your dependents/beneficiaries after your death?

Yes

No

Are you aware that investment scams exist, often targeting pension savings, and that care should be taken when investing funds taken from your pension pot?

Yes

No

Do you believe you fully understand the effect the investment of your pension savings has on your future income?

Yes

No

Are you aware that flexibly accessing your pension savings to provide income will reduce your annual allowance?

Yes

No

Do you believe you fully understand the tax implications of taking your benefits, whether by flexi-access drawdown, capped-drawdown or lump sum in terms of your potential income amount and/or any future inheritance tax liability?

Yes

No

Are you satisfied that you have adequately researched and understood the options available to you in accessing your pension savings?

Yes

No

Do you believe you have fully considered the impact of charges or fees as a result of investing any benefits you take from your pension elsewhere?

Yes

No

Have you received advice from an authorised financial adviser?

Yes

No

Do you believe you fully understand that creditors may have a right to any money taken from your pension savings?

Yes

No

Have you sought guidance from Pension Wise?

Yes

No

Section C - Completing your request

1. Income instruction

1.1 Income type

I want to take a flexi-access drawdown pension from an existing flexi-access drawdown arrangement.

I want to convert a capped drawdown arrangement to flexi-access and take a flexi-access drawdown pension.

Please select how much of your plan you want to take as income:

Entire plan

Defined gross amount (£)

If you want to withdraw your entire plan, you need to let us know whether you want to keep your plan open.

Yes, please keep my plan open

No, please close my plan

Note that fees and our minimum balance requirement will continue to apply. See the terms and conditions for further details.

I want to take a capped drawdown pension from an existing capped drawdown arrangement

Please select how much of your plan you want to take as income:

GAD maximum income

Defined gross amount (£)

Section C cont'd

1.2 Payment details

Unless you have decided to withdraw your entire plan under flexi-access drawdown, please tell us the frequency of payment you require:

Single one off payment	Pay the above defined amount per Annum	Pay the above defined amount each Quarter	Pay the above amount each Month
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If you are taking an income from your Hornbuckle plan for the first time, please select the option below that applies to you:

A: This is my first source of income since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State Pension or Occupational Pension

B: This is now my only income but since last 6 April I have had other income, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State Pension or Occupational Pension

C: I have another source of income or receive a State Pension or Occupational Pension

We will send you payslips, and a P60 at the end of each tax year by email.

1.3 Funding benefits

Please indicate below how the payment of benefits is to be funded. Additional forms may be required to carry out these plans:

2. Your bank details

If this is the first time benefits are being paid into this account, please supply a copy of your bank statement.

Please supply one of the following:

- An original bank statement (dated within 1 month).
- A certified copy of a bank statement (dated within 1 month)

Printed bank statements showing the name and address the account is held in will be acceptable. For a UK resident, copy documents must be certified with an original signature from one of the following:

Chartered Accountant, Bank Official, Building Society Official, Barrister, Civil Servant, Commissioner of Oaths, Financial Adviser (regulated by Financial Conduct Authority), General Practitioner / Consultant or Medical Professional, Justice of the Peace, Member of Parliament, Officer of the Armed Services, Police or Customs Officer, Postmaster or Solicitor. Certification by retired professionals will not be accepted.

The certification wording should include "This is a true copy of the original document that I have seen". Each certified document should be stamped by the certifying body (where applicable), and must state the name, address and telephone number of the certifier as well as their profession, signature and date. The date on the certification must be within the past 12 months.

I want my income to be paid to the bank account you hold on record for me

I want my income to be paid to a different bank account and I have provided details of the account below

2. Your bank details cont'd

Bank / building society

Sort code

Account / roll number

Account name

For non-UK accounts:
IBAN

For non-UK accounts:
Swift address/BIC code

If you are taking income from your Hornbuckle plan for the first time we will open a Bank of Scotland pension account for you within your scheme to pay your income.

Any bank charges incurred in the conversion of a payment from Sterling to a different currency will be payable from your plan.

3. Next steps and your declaration

Please accept this as my instruction to take income from my Hornbuckle plan as set out in section C of this form. We will prepare an information pack showing you the outcomes that could arise from your instruction and we will ask you to confirm that you wish to go ahead. We will also tell you of any further information or decision we may need to implement your instruction.

I acknowledge that if an income is to be drawn from a Flexi-access arrangement I will be subject to the Money Purchase Annual Allowance contribution limit.

Important outcomes can arise from this instruction. We ask you to confirm that you are aware of the importance of being properly informed before taking pension benefits. We have recommended that you seek external advice from a qualified financial adviser. Hornbuckle cannot give financial advice nor assess the suitability of this transaction.

Member signature

Print name

Date

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4. Adviser details (if advice received)

Adviser name Firm name Firm FCA Number

Have you provided a personal recommendation to the plan member in relation to the drawing of their benefits?

Yes

No

On which basis has the recommendation been provided?

Face to face

At a distance

Have you agreed with the plan member that we should pay you a fee from their Hornbuckle plan?

Yes

No

If "yes", please make sure that you and the member have completed H108 Adviser Charging Form.

Adviser signature

Print name

Date

D D M M Y Y

Checklist

Before submitting this form please make sure:

You have answered the questions in Section A and B and also completed steps 1 - 3 in Section C

If applicable you have attached a completed Direct Debit mandate for your Hornbuckle plan bank account

If you have received advice, that your financial adviser has completed and signed step 4 in Section C

You have included your bank statement if required

Where to send

Client Servicing, Hornbuckle,
42 Regent Road, Leicester LE1 6YJ

Get in touch

Tel: 0844 728 9090 Fax: 0845 125 6700
clientservicing@hornbuckle.co.uk
www.hornbuckle.co.uk

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